commerce.wi.gov

Credential Application

Remit to: State of Wisconsin **Department of Commerce-Credentialing** P.O. Box 78780 Milwaukee WI 53293-0780

Phone (608) 261-8467

TDD #: (608) 264-8777 7:45 a.m. - 4:30 p.m. E-mail: madisoncred@commerce.state.wi.us

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

Instructions: Please review the pre-printed information in the

THE CREDENTIAL WILL NOT BE PROCESSED UNLESS YOU:

- Sign and date this form:
- Submit a complete application with all blanks filled in or marked non-applicable;
- Attach the specified fee; and
- Attach documents if specified on this application.

boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. Be certain to sign and date the application. The applicant's social security number is mandatory information. Make a photocopy of the completed application for your records.

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met. Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.

Applicant Information	Customer ID
Applicant's Social Security No:	
Applicant's Name (First, Middle and Last):	
Address No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:	
Telephone No. (include area code):	
If Available, Fax No. (include area code):	
If Available, Internet Address:	
 -	Date (mo/day/yr)

Send application and payment to: State of Wisconsin, Department of Commerce-Credentialing, P.O. Box 78780, Milwaukee, WI

Overnight mail delivery and Office location: Safety & Buildings Div., 201 W. Washington Ave., Madison, WI 53703 All other correspondence: Wisconsin Department of Commerce, Safety & Buildings Div., P.O. Box 7082, Madison, WI 53707

POWTS INSPECTOR CERTIFICATION

Reason for Credential: A person who holds a credential issued by the department as a certified POWTS inspector may inspect private onsite wastewater treatment systems, POWTS, for the purpose of administering and enforcing the provisions of chs. Comm 82 to 87, as an authorized representative of the department or a local governmental unit.

Requirements of Credential: A person who inspects private onsite wastewater treatment systems as a certified POWTS



inspector shall:

- Maintain a record of the inspections made including the dates and the findings of the inspections;
- Provide a copy of the inspection record to the private onsite wastewater treatment system owner or his or her agent; and
- Make available to the department upon request inspection records.

A person who holds the credential shall carry on his or her person the credential issued by the department while performing or conducting the activity or activities permitted under the credential.

APPLYING FOR POWTS INSPECTOR CERTIFICATION

A person may obtain a credential as a certified POWTS inspector by either one of the following:

Method 1 Taking and passing the POWTS inspector certification examination.

Method 2 Submitting evidence of holding a current certification as a:

Master or Journeyman Plumber

Master or Journeyman Plumber Restricted Service

Apply for the credential by following the instructions for either method 1 or method 2.

METHOD 1 - Examination

Application and Exam Fee (nonrefundable): \$30.00 class code 7630

Make checks payable to: Department of Commerce. The fee consists of a \$10 application fee and an exam fee of \$20. When the exam is passed, the applicant will be asked to pay a \$30 credential fee which will be prorated because the credential expires on a specific date. The credential, which will be issued after the exam is passed and the prorated credential fee paid, will be effective for 4 years from June 30th. Office location: 201 W. Washington Ave, Madison. Mailing address: PO Box 7082, Madison, WI 53707.

Examination: In order to obtain the credential the applicant must obtain a score of at least 70% on an examination. The exam will cover Chapter 145, Wisconsin Statutes; and chapters Comm 5 and Comm 82-87, Wisconsin Administrative Cod. The exam is open code book.

Copies of current Wisconsin Administrative Code and Chapter 145 may be obtained from Document Sales @ (608) 266-3358 or @ (800) 362-7253.

You will need to have a working knowledge of the component manuals for the various POWTS. You will need to bring these to the exam site. These can also be purchased through Document Sales @ (608) 266-3358 or @ (800) 362-7253. The publication titles and numbers are as follows:

Form #	Document Title
SBD-10571-P	Holding Tank
SBD-10567-P	Conventional Soil Absorption
SBD-10573-P	Pressure Distribution
SBD-10572-P	Mound
SBD-10570-P	At-Grade
SBD-10656-P	Split Bed Recirculating Sand Filter System
SBD-10595-P	Single Pass Sand Filter
SBD-10628-P	Recirculating Sand Filter
SBD-10657-P	Drip-Line Effluent Dispersal
SBD-10705-P	In-Ground Soil Absorption
SBD-10691-P	Mound
SBD-10706-P	Pressure Distribution

Additional training materials relating to this credential are available and may also be ordered through Document Sales @ (608) 266-3358 or @ (800) 362-7253. They are intended to be training guides and may not match the current code.

SBD-8536-P	Cross Connection Control Manual
SBD-8869-P	Drain and Vent System Design

SBD-8036-P	Sizing the Water Supply System	
SBD-9138-P	Wisconsin Water Treatment Handbook	
SBD-10089-P	Wisconsin POWTS Inspector Handbook	
SBD-9046-P	Soil & Site Evaluation Handbook	

To schedule an exam:

- In the table below circle the month you would like to take the exam and the city in which you would like to take the exam. Record a telephone number where you can be reached during the day in case the exam center is filled for that date.
- Submit the **FEE AND THIS APPLICATION** with the month and city circled for the exam to the division **at least 30 days** in **advance of the exam date chosen.** Note you may wish to keep a copy of this letter for your records.

Exam Name:	This is a 3-hour exam. PLEASE CHOOSE ONE BELOW:				
POWTS INSPECTOR	[] AM Starting at 7:15 [] PM Starting at 11:45				
Circle the exam location of your choice below. Then below the location, circle the day you would prefer to take the exam.					

2008 Exam Schedule					
EAU CLAIRE Ramada Convention Center 205 S. Barstow St. 715-835-6121	GREEN BAY Hotel Sierra 333 Main St 920-432-4555	MADISON Quality Inn & Suites 2969 Cahill Main 608-274-7200	PEWAUKEE Waukesha County Technical College WCTC 800 Main St 262-695-3474		
January 23			January 9		
February 20	February 5	February 12			
March 19			March 6		
April 8	April 22		April 17		
May 13			May 20		
June 10	June 4		June 18		
July 16			July 10		
August 20	August 13	August 6			
September 17			September 10		
October 15	October 9		October 22		
November 19			November 11		
		December 3			

Daytime Phone Number:

A letter confirming the exact date, time and location will be sent to you.

The Department of Commerce is partnering with OSER to offer exams on the second Saturday of each month in 14 different cities throughout the State. Exam administration will be done by the Office of State Employment Relations (OSER) and follow the same rules as the Safety and Buildings administered tests.

To schedule an OSER exam:

- In the table below circle the month you would like to take the exam and the city where you would like to take the exam. Record your daytime telephone in case the exam center is filled for that date.
- Submit the **FEE AND THIS APPLICATION** with the month and date circled for the exam to the division **at least 30 days** in advance of the exam date chosen. Note you may wish to keep a copy of this letter for your records.

After your application has been processed, you will receive a letter from Safety and Buildings confirming the date and city of your exam. You will also receive an additional confirmation letter from OSER approximately one week before the exam. This letter will confirm the date, time, specific building and room location as well as, exam type, and length of your exam. If special accommodations are requested, please contact Safety and Buildings at (608) 261-8467 prior to submitting your application. Please contact OSER with any questions after receiving the final confirmation letter, by phone at (608) 267-1013 or by email at wicertexams@wisconsin.gov.

Exam Name:	This is a 3-hour exam and will be scheduled for the a.m.			
POWTS INSPECTOR				

Circle the exam location of your choice below.						
Then below the location, circle the month you would prefer to take the exam.						
	200	8 OSER Exam Sc	hedule			
Ashland	Eau Claire	Fond Du Lac	Green Bay	Kenosha	La Crosse	Madison
July 12	July 12	July 12	July 12	July 12	July 12	July 12
August 9	August 9	August 9	August 9	August 9	August 9	August 9
September 13	September 13	September 13	September 13	September 13	September 13	September 13
October 11	October 11	October 11	October 11	October 11	October 11	October 11
November 8	November 8	November 8	November 8	November 8	November 8	November 8
December 13	December 13	December 13	December 13	December 13	December 13	December 13
Milwaukee	Platteville	Rhinelander	Rice Lake	Superior	Wausau	WI Rapids
July 12	July 12	July 12	July 12	July 12	July 12	July 12
August 9	August 9	August 9	August 9	August 9	August 9	August 9
September 13	September 13	September 13	September 13	September 13	September 13	September 13
October 11	October 11	October 11	October 11	October 11	October 11	October 11
November 8	November 8	November 8	November 8	November 8	November 8	November 8
December 13	December 13	December 13	December 13	December 13	December 13	December 13

Home Phone:

METHOD 2 – Proof of Current Licensure

The fee for applying for the credential using method 2 is as specified in the following table:

Month Application	Fee	Month Application	Fee	Month Application	Fee
is mailed		is mailed		is mailed	
January	\$36.25	May	\$33.75	September	\$38.75
February	\$35.63	June	\$33.13	October	\$38.13
March	\$35.00	July	\$40.00	November	\$37.50
April	\$34.38	August	\$39.38	December	\$36.88

Record the amount of the fee you will be sending in the box below:

Fee Submitted ((nonrefundable):	\$ class code 7630

Make checks payable to: Department of Commerce. The credential will be effective for 4 years from June 30th. Office location: 201 W. Washington Ave, Madison. Mailing address: PO Box 7082, Madison, WI 53707.

ATTACH to this form a copy of current certification as a:

Master or Journeyman Plumber

Master or Journeyman Plumber Restricted Service

Education Hours Required to Renew: The renewal of a credential as a certified POWTS inspector which expires after June 30, 2006, shall be contingent upon the person obtaining at least 12 hours of acceptable continuing education by March 30th of the year the credential expires. People unable to attend lectures or seminars may obtain the necessary hours through correspondence courses. Correspondence courses must also be completed at least three months prior to the expiration date. A person who holds a credential as a certified POWTS inspector may apply to the department for waiver of the continuing education requirements on the grounds of prolonged illness or disability or similar circumstances. Each application for waiver shall be considered individually on its merits by the department.

The Wisconsin Construction Codes Report may contain advertisements for courses, lectures or seminars which will count towards continuing education for a POWTS inspector certification. The WCCR is available by subscription or on the Commerce website at: http://www.commerce.state.wi.us/SB/SB-DivPublications.html.